Mental Health Council OF TASMANIA

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Submission to Change for Children Draft Strategy

An Integrated, Responsive System for Victim Survivors of Child Sexual Abuse in Tasmania

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Support

The content in this document touches on sensitive topics that could be distressing for some readers. MHCT encourages readers to prioritize their wellbeing, exercise self-care, and to seek support if needed. A variety of free, confidential support services are available for both phone and in-person assistance. If you feel the need to talk to someone, please reach out to one of the following resources.

State-wide Sexual Assault Support Line **1800 697 877 (1800 MY SUPPORT)**

24/7 Support from local specialist counsellors provided by the Sexual Assault Support Service (SASS) and Laurel House.

Lifeline – 24/7 Crisis support **13 11 14**

A Tasmanian Lifeline – 8am–8pm, 365 days a year: 1800 98 44 34 for support and referral

13 YARN – 24/7 **13 92 76**

24/7 crisis support for Aboriginal and Torres Strait Islander people

Relationships Australia Tasmania **1300 364 277**

Specialist complex trauma counselling, trauma informed counselling, wellbeing information and referral. 9am–5pm, Monday to Friday.

Kids Helpline **1800 55 1800**

24/7 Support for children and young people provided by specialist counsellors.

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About Us

The Mental Health Council of Tasmania (MHCT) is the peak body representing the mental health and wellbeing needs of all Tasmanians, and the community organisations that work with and support them. We work closely with government to amplify the voices of our members and Tasmanian communities, to provide input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Recommendations

MHCT welcomes the opportunity to make a submission on Change for Children: Tasmania's 10-year Strategy for Upholding the Rights of Children by Preventing, Identifying and Responding to Child Sexual Abuse.

MHCT is making a submission because recent studies have highlighted the severe and lifelong mental health impacts on victim survivors of child sexual abuse. The 2023 Australian Child Maltreatment Study (ACMS) showed 28.5 percent of Australians have suffered child sexual abuse[1]. This landmark research provided the first accurate prevalence estimates of child maltreatment in Australia. The ACMS was the first national survey in the world to examine in detail the experiences and negative health and social outcomes of all five forms of child maltreatment -- physical, sexual and emotional abuse, neglect, and exposure to domestic violence. It found a large percentage of Australians had experienced some form of child maltreatment and were substantially more likely to have mental health disorders, health risk behaviours and use health services as a result. Child sexual abuse can also have lasting mental health impacts on the non-offending loved ones of victim survivors.

This paper is informed by preliminary research MHCT did for the Department of Health earlier this year related to the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. Our work involved enquiring into trends and impacts attributed to the Commission of Inquiry, such as demand for services.

MHCT acknowledges, as stated in the Change for Children Strategy, that a significant amount of work has been, and is, underway across government agencies. MHCT notes that not all this work has been outlined in the Strategy or First Action Plan, nor is it the purpose to do so. With that in mind, we make the following recommendations:

- The government strengthen the Strategy by setting out in detail what an integrated therapeutic system for victim survivors of child sexual abuse in Tasmania will look like and fast-track efforts to get there.
- The government measure demand for services from victim survivors of child sexual abuse across the full range of mental health and AOD providers, along with specialist sexual assault services. MHCT believes it is important to try to quantify demand and pinpoint where people are presenting. This will help guide investment in services and workforce. We also recommend the government estimate the broad need for services based on ACMS population data.

- The Strategy acknowledge the broader context of child maltreatment, that child sexual abuse is not seen in isolation. As the ACMS showed, most maltreated children experience multi-type maltreatment over a protracted period on multiple occasions. We also recommend the use of more data from the ACMS and other sources. A thorough data picture is vital to make informed policy decisions and measure progress.

- The Strategy address how workforce challenges will be met when there is significant competition for experienced clinicians, social workers and support staff across the public, private and community mental health and AOD sector. The mental health of the workforce also needs to be a priority given the intensity of the work and the fact research shows a sizable minority of practitioners across Australia have lived experience of child sexual abuse.

Recommendation 1: An integrated, responsive system

While MHCT recognises the significant budget commitment of $425 million to deliver the 191 Commission of Inquiry recommendations, we've identified only minimal spending to build an integrated system that victim survivors can easily navigate[2]. As the Commission of Inquiry final report said: "We found it difficult to get a handle on the therapeutic service system and how the various components of the service system intersect. We note that it may be even more difficult for people who need these forms of support to understand how the service system works and what is available to them."[3]

We recognise the establishment of the Arch Centres in Launceston and Hobart for victims of family and sexual violence to receive multidisciplinary support under one roof. We note permanent funding allocated for these centres in the budget ($22.57 million over four years) and the planned establishment of a third centre in the Northwest.[2]

We note $2 million was set aside for Partnering with the Community for two years.[2] This will cover establishment of a peak body for the sexual assault service system, free or low-cost sexual assault counselling services, and development of strategies to address challenges in attracting and retaining therapeutic specialists. This may align to recommendation 21.6 from the Commission of Inquiry, which says the government should ensure the needs of particular groups are met by the therapeutic service system; and that the government consult on the service system with relevant stakeholders.

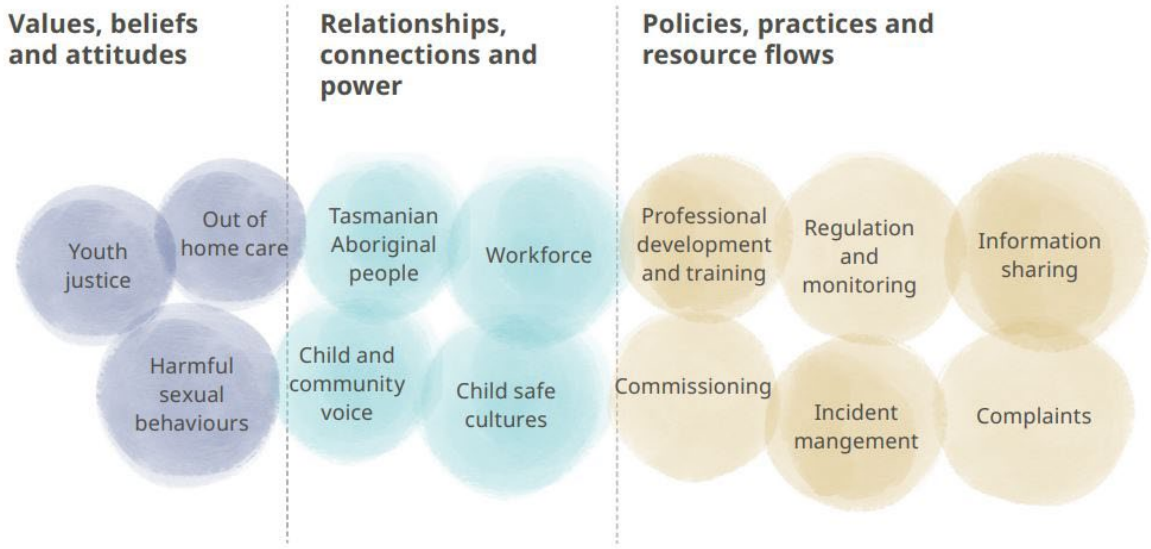
We recommend the Strategy contain a detailed plan on what an integrated service system will look like. This would be informed by service providers, experts and victim survivors.

The main body of the First Action Plan (2024-2026) is split into three sections:

1. Working together for reform
2. Working together to build connection and trust and
3. Working together to keep children safe

MHCT recommends a fourth section: Working together to help victim survivors heal. Design and implementation of an integrated service system would be at the heart of this section.

The image below shows 13 priority areas under the current plan. A fourth section could contain priority areas such as *referrals, coordinated response* and *reduced waitlists*.



Source: https://keepingchildrensafe.tas.gov.au/documents/32/CONSULTATION_DRAFT_Change_for_Children_Strategy.pdf (page 27)

Service providers have told MHCT the therapeutic service system needs much more capacity so people can get help as soon as possible. The system needs to be more structured and joined up as opposed to one based on individual relationships. There needs to be formal channels of communication between mental health and AOD providers and the specialist services. Referral pathways can be improved, with primary health providers not always aware of specialist services. There needs to be simpler pathways for support. Waitlists need to be tracked and people on waitlists given wraparound support. Access should be addressed, with transport constraints, an inability to attend appointments seen as a major impediment to healing.[4]

Recommendation 2: Measuring demand for services

Initial work carried out by MHCT this year suggests the government would glean valuable data from measuring demand for services across Tasmanian mental health and AOD providers, as well as specialist sexual assault services. Understanding patterns of health service use by people maltreated as children is important for reliable estimates of that health care use across life, the ACMS says.[1]

Some service providers told MHCT that demand from victim survivors had increased because of the Commission of Inquiry. They cited anecdotal evidence for this.[4] Service providers are not collecting data that links service demand with the Commission of Inquiry. Victim survivors are not being asked intrusive questions about perpetrators and location/setting of abuse. Of course, victim survivors may choose to disclose detailed information during therapy, but this would be contained in individual case files. Service providers said the Commission of Inquiry had helped make it more acceptable for victim survivors to come forward and speak up whatever the context of their child sexual abuse. They cited other events such as the #MeToo Movement, Grace Tame becoming Australian of the Year, the Royal Commission into Institutional Responses to Child Sexual Abuse (2012-2017) and the publication of research that was making it easier for victim survivors to seek help as well as see their mental health issues in the context of their childhood experiences.[4]

MHCT also recommends the government utilise ACMS population data and its association with mental disorders, health behaviour risks and health service use to get a ballpark understanding of the level of need in the community. Service providers can only tell us about people who present. They can't provide information on those who need treatment but who haven't contacted them because they aren't able or willing, or who want to but can't afford it or access a service because there isn't one. The ACMS can help fill that gap in knowledge.

One area that appears to have gotten little attention in the Strategy is demand for services from families of victim survivors. Research from Dr Cher McGillivray at Bond University for example shows non-offending parents whose children suffered sexual abuse often blame themselves or are unable to forgive themselves for abuse suffered by their child.[5] This can lead to moral injury, which puts them at higher risk of severe PTSD, anxiety, depression and suicide.

Recommendation 3: Better use of the Australian Child Maltreatment Study and other data

MHCT believes child sexual abuse needs to be reflected in the Strategy in the broader context of child maltreatment. The ACMS showed most maltreated children experience multi-type maltreatment over a protracted period on multiple occasions. The Strategy, for example, could show that women who suffered child sexual abuse were two and a half times more likely to have PTSD than females who did not, according to the ACMS. Men were nearly twice as likely to have PTSD. The Strategy could then show that people subject to multi-maltreatment were 4.6 times more likely to have PTSD, rising to nearly six times for young people (aged 16-24), according to the ACMS. Those who experienced child maltreatment were four times more likely to have self-harmed in the previous year, four times more likely to have attempted suicide in the previous year, and six times as likely to be dependent on cannabis.[1]

A recent study by researchers at Sydney University also found 41 percent of suicide attempts, 35 percent of self-harm and 21 percent of cases of depression in Australia were caused by child maltreatment. This research provided the first estimates of the casual contribution of child maltreatment to mental ill health in Australia.[6]

What is especially striking is that the prevalence of common mental disorders such as PTSD and moderate and severe alcohol use disorder is very low in Australians who have *not* experienced child maltreatment, the ACMS showed.[1] Cannabis dependence, self-harm and suicide attempts in the previous 12 months were almost zero in adults with no history of child maltreatment. This highlights the very different life trajectories for people maltreated as children and those who are not, something which could be reflected in the Strategy.

Recommendation 4: Long-term workforce strategy and care of staff

The First Action Plan (2024-2026) puts a welcome focus on workforce, which links with the professional development and training priority area. The plan says it will address skills shortages. Key focus areas include the child safety workforce, allied health professionals, teachers, and specialist practitioners. We note that the $2 million set aside in the budget for Partnering with the Community includes strategies to attract and retain therapeutic specialists.

MHCT recommends a broad long-term strategy be developed with a goal of building the state's homegrown mental health workforce as well as attracting talent from interstate and overseas. Service providers told MHCT they are all competing for the same staff, especially in remoter parts of Tasmania. Recent research showed 78 percent of University of Tasmania health graduates stay and work in our state.[7] Most don't seek greener pastures on the mainland. They contribute to our health workforce. Given we know this, what strategies can be put in place to increase and diversify course offerings? Ensure Tasmanian high school students are aware of the opportunities offered by a career in mental health?

MHCT recommends the Strategy recognise the likelihood some practitioners are also victim survivors themselves. Services providers told us this was the case. A large survey by the National Centre for Action on Child Sexual Abuse published in June 2023 showed 31 percent of practitioners who engaged with victim survivors across Australia had lived experience of such abuse. The National Centre for Action said it was reasonable to assume the figure would be higher considering 11 percent of survey participants preferred not to say.[8]

As we saw in the May federal budget, a new national peer workforce association will be created to mobilise, professionalise, and provide oversight for the lived experience sector. A peer workforce census will be undertaken, and further training pathways explored. Like many in the sector, MHCT welcomes the role people with lived experience can play in beefing up the mental health workforce. However, we urge all organisations employing peers to put in place policies and procedures to protect the psychological safety of this committed but vulnerable cohort.

For questions or discussion on this submission, please contact MHCT.

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